## OFFICIAL FILE ILLINOIS COMMERCE COMMISSION

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(File this application via e-docket, or if unable to do with the Chief Clerk.)	so, file one original verified application $\frac{1}{\sqrt{2}}$
,	Docket No
Please provide the appropriate information in the ( )	areas in the heading below.
TRICOM USA, INC.	
Application for a certificate of interexchange authority : to operate as a reseller of telecommunications services throughout the entire :	00-0736
State of Illinois. :	
TELECOMMI	CERTIFICATE TO BECOME A UNICATIONS CARRIER al sheets as necessary.)
GENERAL	
1. Applicant's Name(including d/b/a, if any)	FEIN# <u>13-3927530</u>
TRICOM USA, INC.	
Address:	
Street ONE EXCHANGE PLACE, SUI	TE 400
City <b>JERSEY CITY</b> State/Zip <b>07</b>	302
2. Authority Requested: (Mark all that apply)	13-403 Facilities Based Interexchange
	X 13-404 Resale of Local and/or Interexchange
	13-405 Facilities Based Local
404 or 13-405, waivers of Part 710 and of Section applications for interexchange service authority	or local exchange service authority under Sections 13- on 735.180 of Part 735 are generally requested. In under Sections 13-403 and 13-404, waivers of Part 710 dicate which waivers Applicant is requesting and r/variance.

Part 710 Uniform System of Accounts for Telecommunications Carriers

Part 735 Procedures Governing the Establishment of Credit, Billing,

	X Section 735.180 Directories				
	Other				
4.	or all applicants requesting local exchange authority under Section 13-404 or Section 13-405, case complete the following:				
	NOT APPLICABLE				
(a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document					
	(b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix				
	B of this document; (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and				
	<ul> <li>(d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.</li> </ul>				
5.					
	TRICOM USA, INC, will offer IXC resale services throughout the entire state of Illinois.				
6. Please attach a sheet designating contact persons to work with Staff on the following:					
	a) issues related to processing this application				
	b) consumer issues				
	c) customer complaint resolution				
	d) technical and service quality issues				
	e) "tariff" and pricing issues				
	f) 9-1-1 issues				
	g) security/law enforcement				
Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.					
	Please see Attachment I.				
7.	Please check type of organization?				
	IndividualX Corporation				
	Partnership Date corporation was formed 1-15-92 In what state? Delaware				
	Other (Specify)				
8.	Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.				

Please see Attachment II & III.

Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois

New Jersey, New York, Massachusetts, Florida, Puerto Rico, U.S. Virgin Island, Canada, Rhode Island, Georgia, Connecticut, District of Columbia 10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name? \_\_\_\_\_ YES (Please provide details) X NO 11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction? X YES NO If YES, describe fully. TRICOM USA, INC. was fined \$100 by the Florida Public Service Commission in Docket 991775 for failure to pay a regulatory fee on a timely basis. 12. Has Applicant provided service under any other name? YES X NO If YES, please list. 13. Will the Applicant keep its books and records in Illinois?

YES X NO If NO, permission pursuant to 83 III. Adm Code Part 250 needs to be requested. MANAGERIAL 14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms. Please see Attachment IV. 15. List officers of Applicant. Manuel A. Pellerano, President Carlos Vargas, Treasurer Carl M. Carlson, VP Marcos Troncoro, Secretary Romon Torrago, VP International Business 16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? X YES NO If YES, list entity. TRICOM INTERNATIONAL SERVICES, INC. ("TIS") is a wholly owned subsidiary of TRICOM USA, INC. TIS was formed on June 30, 1999 under the General Corporation Law of Delaware. TIS acts

9. List jurisdictions in which Applicant is offering service(s).

	as an agent for TRICOM USA, INC. arranging for telecommunications services in the Dominican Republic paid by residents in New York.					
17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)						
Due to the nature of prepaid calling card services in which a customer or authorized user purchases						
	calling card that is characterized by its pre-set monetary value, the tendering of a bill to a customer or					
	authorized user at the end of a billing cycle is not applicable.					
18.	How does Applicant propose to handle service, billing, and repair complaints?					
	When a customer experiences technical difficulties making their call, the customer can call a 1-800 customer service number for assistance.					
	A credit allowance for the Company's Prepaid Calling Card service is applicable for a call that is					
	interrupted due to poor transmission, one-way transmission, or involuntary disconnection of the call. To					
	receive the proper credit, the customer must notify the Company at the toll-free Customer service					
	number provided by the Company promptly.					
19.	Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? X YES NO					
	inquites about service of change.					
20.	What telephone number(s) would a customer use to contact your company?					
	1-800-788-7372					
21.	21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?					
	X YES NO					
22.	Please describe applicant's procedures to prevent slamming and cramming of customers?					
	Not applicable for the service to be provide					
23.	3. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 735, 755, 756, 757, 770, and 772?					
	Not applicable					
	NECO NO (IC and a second section )					
	YES NO (If no, please provide an explanation.)					
24.	Is Applicant aware that it must file tariffs prior to providing service in Illinois?					
	X YES NO					
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25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

TE	CHNICAL					
26.	Does Applicant utilize its own equipment and/or facilities? YES X NO					
	If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:					
	If NO, which facility provider(s)'s services does the Applicant intend to use?  MCI Worldcom, Sprint, and/or ATT					
27.	Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).					
	TRICOM USA, INC. will solely offer prepaid calling cards to the public. The cards are intended to be operated solely for intrastate or interstate, interexchange and international calls.					
28.	Will technical personnel be available at all times to assist customers with service problems?					
	XYESNO					
29.	If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls?  YESNO					
	Not applicable					
	(Signature of Applicant)					

Please see Attachment V.

## VERIFICATION

This application shall be verified under oath.

## OATH

State of	New Jersey	)		
County of		)ss		
	ıblo Barry	makes oath and says that he is		
(Insert here the	name of affiant)	(Ins	ert the official title of the affiant)	
of	TRICOM USA, IN	С.		
	(Insert here the exact legal title or name of the Applicant)			
that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.  (Signature of affiant)				
Subscribed and	sworn to before me	e, a Notary Public/(Title of person	authorized to administer oaths)	
in the State and County above named, this 9 day of November, 2000.				
		ALEXO E NOTARY PUBLIC ID # 2	d to administer oath)  BATISTA OF NEW JERSEY 110039 HUDSON COUNTY Expires May 21, 2003	